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**THE WIZARD OF OZ (RSC)**

**THE WIZARD OF OZ (MUNY)**

Your Name \_\_\_\_\_ Your Position or Title \_\_\_\_\_

Name Of Your School Or Theatrical Organization \_\_\_\_\_

Address Of School Or Theatrical Organization \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address of Auditorium Or Theatre \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Web Site \_\_\_\_\_ E-mail Address \_\_\_\_\_

Your Home Address \_\_\_\_\_

Your Home Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Admission Prices \_\_\_\_\_ Number Of Performances \_\_\_\_\_

Capacity Of Auditorium Or Theatre \_\_\_\_\_ Expected Attendance At Each Performance \_\_\_\_\_

Performance Dates \_\_\_\_\_

All Performances Must Be Accompanied By A Live Piano Or A Live Orchestra. Which Do You Plan To Use? \_\_\_\_\_

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